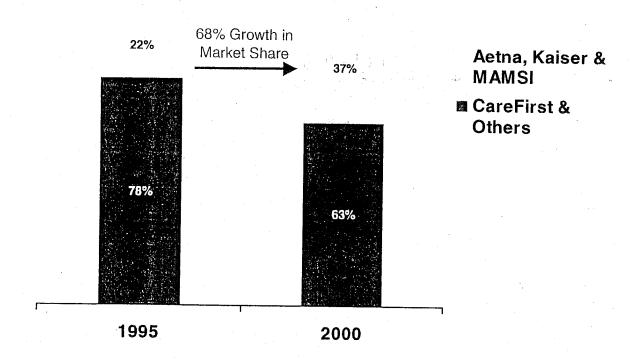
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CareFirst's three largest competitors in the region have increased their combined market share in the last 5 years from 22% to 37%.

CareFirst's Top Three Competitors Market Share Change, 1995-2000 (market share in CareFirst's market area)



Source: CareFirst Data; Accenture Analysis



Health Plans Expand & Access Equity

National Trends Playing Out in Mid-Atlantic Region

CareFirst Must Gain Substantial Scale & Access Capital

Timing Appears Favorable for CareFirst to Act

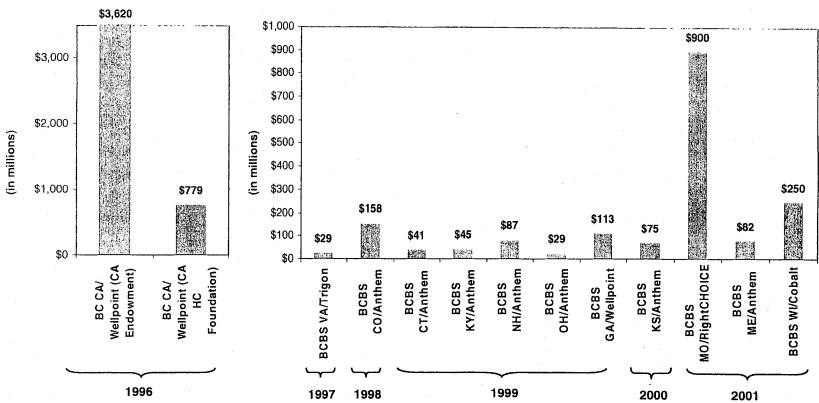
CareFirst's Constituents Likely to Benefit

Proceeds from the for-profit conversion of CareFirst would create an independent, community-focused Public Benefit Organization.

Public Benefit Organization Overview

- The conversion of CareFirst to a for-profit organization creates an opportunity to address unmet public healthcare needs in Maryland, D.C. and Delaware through the establishment of a Public Benefit Organization
 - A Public Benefit Organization (PBO) is a charitable foundation that is established in recognition of the tax benefits a non-profit organization received before converting to a forprofit status
 - According to Grantmakers in Health, such conversions of non-profit health companies have created funds that total more than \$16.3 billion in assets, and in many communities, represent the largest sources of non-governmental healthcare funding
- To maintain tax exempt status, foundations are required by the Internal Revenue Service to make direct qualifying investments each year to the mission they support, which for most foundations, translates to 5% of their assets
- If 5% is applied to the current value of assets in foundations established by converted BCBS plans, estimated at \$6.2 billion*, over \$310MM will be donated this year to address the unmet health care needs of local communities

Foundations Established as a Result of For-Profit Blues Conversion Activity



*Most recent value of foundation publicly reported. Values of foundations created by publicly traded companies may be stock-based, and could fluctuate with stock price changes.

Source: Grant Makers in Health, A Profile of New Health Foundations, March 2001; Health Plan Press Releases; Community Catalyst website; Foundation Websites

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Many foundations target funding to increase access to healthcare, as well as to enhance the quality of care for people in their regions.

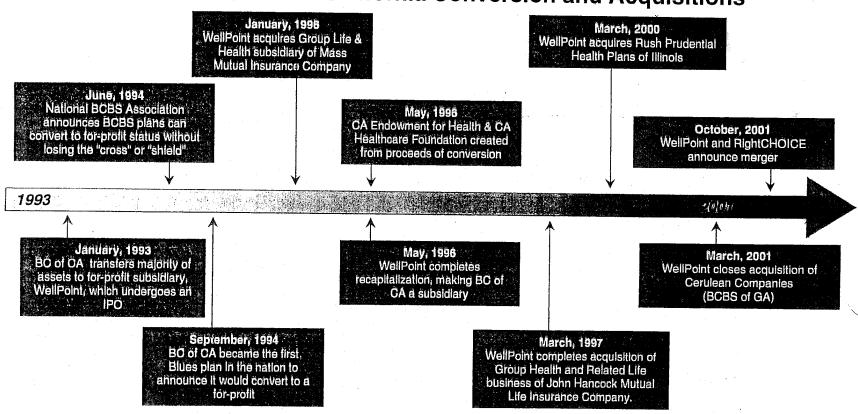
General Focus	Specific Focus	Foundation Name
Access to Healthcare	 Access to healthcare, multicultural health & general health 	The California Endowment*
	Improve access for uninsured	 Maine Health Access Foundation
	Payment for healthcare services	Sunflower Foundation (KS)
	Fund unmet healthcare needs	Foundation for a Healthy Kentucky
	 Managed care, the uninsured, health policy & quality 	 CA HealthCare Foundation
	Healthcare needs of uninsured & under-insured	Missouri Health Foundation*
	Serve underserved or uninsured	Anthem Foundations of Connecticut
Quality	Improve healthcare	HealthCare Georgia
	Improve health and reduce the burden of illness	Endowment for Health (NH)
	 Improve healthcare through capital projects, equipment & technology 	Caring for Colorado
Research	Support for human research	Commonwealth Health Research Fund (VA)
Medical Schools	Funding for state medical schools and public health	Wisconsin United for Health*
Oral Care	Preventive oral care and prevention of family violence	The Anthem Foundation of Ohio

Largest healthcare foundation in state

Source: Grant Makers in Health, A Profile of New Health Foundations, March 2001; Health Plan Press Releases; Community Catalyst website; Foundation Center website; Foundation websites

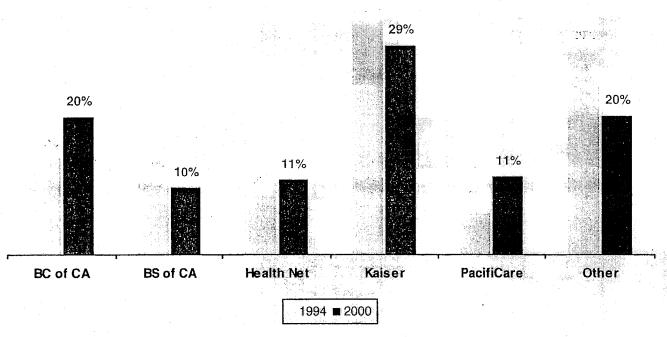
California CASE STUDY SLIDES

Timeline of Blue Cross of California Conversion and Acquisitions



Source: Community Catalyst, Blue Cross of California website

California HMO Market Share (1994 & 2000)



Source: InterStudy, The National HMO Financial Database, 1994-2000; data pulled from state Department of Insurance fillings

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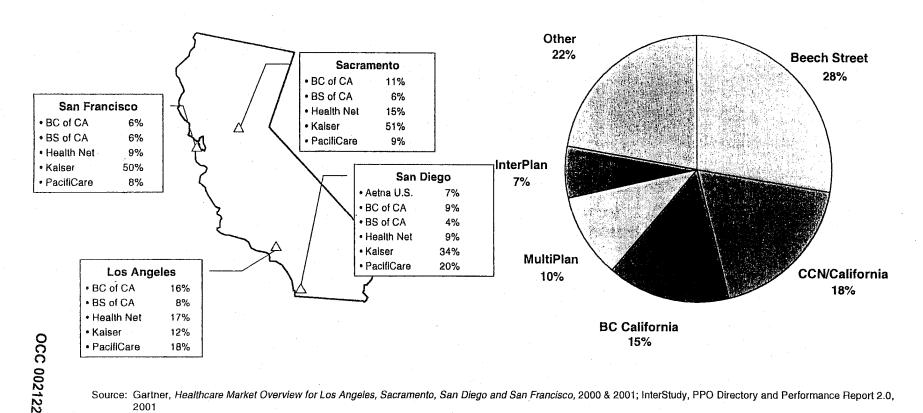
Blue Cross of California strongest HMO presence is in Los Angeles; statewide, Blue Cross is the third largest PPO provider.

HMO Market Share within MSAs

(2000 & 2001)

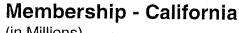
PPO Market Share

(2000)



Source: Gartner, Healthcare Market Overview for Los Angeles, Sacramento, San Diego and San Francisco, 2000 & 2001; InterStudy, PPO Directory and Performance Report 2.0,

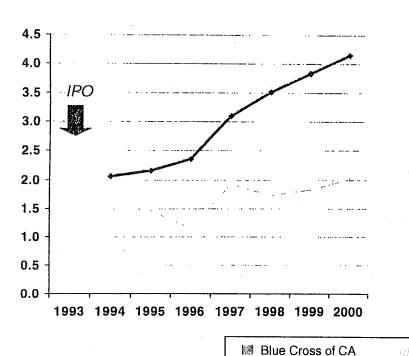
Since its IPO, Blue Cross of California has experienced robust membership growth and healthy net income as compared to the non-profit Blue Shield of California.

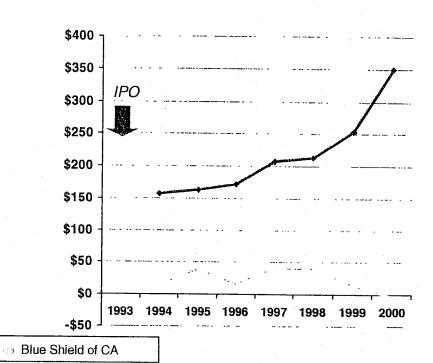


(in Millions)

Net Income - California

(\$ in Millions)





Source: InterStudy, The National HMO Financial Database, 1994-2000; data pulled from state Department of Insurance filings; Blue Cross membership figures include 125,000 members acquired through Omni Health Plan acquisition

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